

10/541653

FILED UNDER 35 U.S.C. 371
U.S. UTILITY Patent ApplicationPATENT NUMBER and
ISSUE DATE

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
		340		2635	

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
			Total Claims	Print Claim for O.G.
ISSUE FEE		Primary Examiner	DRAWING	
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